

**BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263****LTC Individual - Comprehensive - Non-Tax Qualified**

POLICY FORM: GR-N380

**1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.**

| 1Yr | 2Yrs | 3Yrs | 4Yrs | 5Yrs | 6Yrs | 7Yrs | Lifetime | Other |
|-----|------|------|------|------|------|------|----------|-------|
| YES | YES  | YES  | YES  | YES  | YES  | NO   | YES      | YES   |

|                          |  |
|--------------------------|--|
| MPB<br>Company<br>Notes: | We offer 365,500,730,1000,1095,1460,1500,1825,2000,2190,2500,2920 days. 2920 (Number of Days) times the Nursing Facility Daily Benefit = 8 Years. The maximum policy benefit for ages 80 - 84 is 730 days (2 years). |
|--------------------------|--|

**2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.**

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
| \$50    | \$300   | \$10      | YES | NO   | NO    | NO   | NO    |

|                          |  |
|--------------------------|--|
| NHB<br>Company<br>Notes: | Enter Notes: None reported by the company. |
|--------------------------|--|

**3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.**

| 100% | 90% | 80% | 75% | 70% | Other |
|------|-----|-----|-----|-----|-------|
| YES  | NO  | NO  | NO  | NO  | NO    |

|                           |  |
|---------------------------|--|
| RCFE<br>Company<br>Notes: | Enter Notes: None reported by the company. |
|---------------------------|--|

**4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.**

| 100% | 90% | 80% | 75% | 70% | 60% | 50% | None | Other |
|------|-----|-----|-----|-----|-----|-----|------|-------|
| YES  | NO  | NO  | NO  | NO  | NO  | YES | NO   | NO    |

|                          |  |
|--------------------------|--|
| HCB<br>Company<br>Notes: | Enter Notes: None reported by the company. |
|--------------------------|--|

**5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.**

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
|         |         |           |     |      |       | YES  |       |

|                           |  |
|---------------------------|--|
| HCBO<br>Company<br>Notes: | Not Applicable: This LTC policy form is not a Home Care Only policy. |
|---------------------------|--|

**6. Qualification for Benefits (QB)**

| QB_2_OF_6 | QB_2_OF_7 | QB_OTH1 | QB_MN | QB_CI | QB_90DR | QB_OTH2 |
|-----------|-----------|---------|-------|-------|---------|---------|
| NO        | YES       | NO      | YES   | YES   | NO      | NO      |

|                         |   |
|-------------------------|---|
| QB<br>Company<br>Notes: | The need for human assistance or continual supervision to perform at least two of seven Activities of Daily Living. |
|-------------------------|---|

**7. Elimination Period (EP) = In days Select all that applies.**

|     |    |     |     |     |     |          |         |       |
|-----|----|-----|-----|-----|-----|----------|---------|-------|
| 0   | 20 | 30  | 60  | 90  | 100 | CALENDAR | SERVICE | Other |
| YES | NO | YES | YES | YES | NO  | NO       | YES     | YES   |

|                      |   |
|----------------------|---|
| EP Company<br>Notes: | Enter Notes: 15 day and 180 day options are also available. |
|----------------------|---|

**8. Inflation Protection (IP)**

| IP Methodology  | 5%<br>Compound | 5% Simple | Guaranteed<br>Purchase<br>Option | Other |
|---|----------------|-----------|----------------------------------|-------|
| Explain IP Methodology: Maximum Daily Benefit and the Maximum Benefit amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level. | YES            | YES       | NO                               | YES   |

|                      |   |
|----------------------|---|
| IP Company<br>Notes: | Enter Notes: 3% and 4% compound inflation options are also available. |
|----------------------|---|

**9. Waiver of Premium (WAVP)**

Enter Notes: Premiums are waived after 90 days of receiving covered services. Regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any riders and spouses' premium if covered under the same policy.

**BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263**

**Long Term Care Insurance Rates**

POLICY FORM: GR-N380

LTC Individual - Comprehensive - Non-Tax Qualified

| ISSUE AGE | 30 Day Elimination Period - Service                                    |   |   |  | 90 Day Elimination Period - Service                                    |  |  |  |  |
|-----------|--|---|---|--|--|--|--|--|--|
|           | 3 YEAR<br>MAXIMUM<br>POLICY<br>BENEFIT - NO<br>INFLATION<br>PROTECTION | 3 YEAR<br>MAXIMUM<br>POLICY<br>BENEFIT -<br>WITH<br>INFLATION<br>PROTECTION | LIFETIME<br>BENEFIT - NO<br>INFLATION<br>PROTECTION | LIFETIME<br>BENEFIT -<br>WITH<br>INFLATION<br>PROTECTION | 3 YEAR<br>MAXIMUM<br>POLICY<br>BENEFIT - NO<br>INFLATION<br>PROTECTION | 3 YEAR<br>MAXIMUM<br>POLICY<br>BENEFIT - WITH<br>INFLATION<br>PROTECTION | LIFETIME<br>BENEFIT -<br>NO<br>INFLATION<br>PROTECTION | LIFETIME<br>BENEFIT -<br>WITH<br>INFLATION<br>PROTECTION |  |
|           | 50   | \$650   | \$2,027   |  |  | \$576  | \$1,794  |  |  |
|           | 55   | \$817   | \$2,347   |  |  | \$723  | \$2,077  |  |  |
|           | 60   | \$1,139   | \$2,839   |  |  | \$1,008  | \$2,513  |  |  |
|           | 65   | \$1,652   | \$3,633   |  |  | \$1,462  | \$3,216  |  |  |
|           | 70   | \$2,601   | \$4,979   |  |  | \$2,302  | \$4,406  |  |  |
|           | 75   | \$4,166   | \$7,166   |  |  | \$3,687  | \$6,342  |  |  |
|           | 80   |   |   |  |  |  |  |  |  |

**Customer Service Telephone Number:** (800) 231-9150